Central Line-Associated Bloodstream Infections in Mississippi, 2014

Central line-associated bloodstream infections (CLABSI) are bacterial infections found in the blood when a central line is in place. A central line is a tube that is placed in a major blood vessel (e.g., aorta or heart) and used to draw blood samples and administer fluids and medications. Central lines can be used when an intravenous (IV) line cannot be started or as semi-permanent IV access. Some symptoms of CLABSIs include fever and possible redness around the catheter insertion site. In 2014, only intensive care units at acute care facilities and all units at long-term acute care facilities were required to report CLABSI data to CMS. These requirements started January 2011 and October 2012, respectively.

Acute Care Facilities (ACF):
- Number of Facilities with Central Lines: 45
- Number of CLABSIs Reported: 168
- Infection Rate: 1.58 infections per 1,000 central line days
- Comparison to 2006-2008 National Baseline: below (19%)
- Comparison to 2013 Infection Rates: no significant difference
- Comparison to HHS Target: above (62%)

Estimated Excess Costs Spent on CLABSI Treatment in 2014: $1,888,320 - $7,554,120
CLABSI Rates (per 1,000 central line days) by Public Health District, Acute Care Facilities, Mississippi, 2014

**Long-Term Acute Care (LTAC) Facilities:**
- Number of Facilities with Central Lines: 8
- Number of CLABSIs Reported: 70
- Infection Rate: 1.12 infections per 1,000 central line days
- Comparison to 2013 Rates: above (8%)
- Estimated Excess Costs Spent on CLABSI Treatment in 2014: $786,800 - $3,147,550
CLABSI Rates by Quarter, Long-Term Acute Care Facilities, Mississippi, 2012-2014

*LTAC reporting of CLABSI was required by CMS starting Quarter 4 of 2012. Reporting prior to then was voluntary; therefore, some facilities may not have reported infections.
